

SECTION 1

2015 IMMUNIZATION REPORT PROVIDER IDENTIFICATION SHEET

Due by November 1, 2015

1. <u>Child Care/Preschool Program Name</u>	License Number _____
Total Number of Children enrolled in your facility_____	
Name of Program: _____	
Address as licensed_____	
City, State, Zip: _____	County: _____
Contact Person: _____	Phone Number: (_____) _____

- 2. Program is licensed for:** Family Child Care Home I Family Child Care Home II
(circle one)
- Child Care Center Preschool

3a. <u>Are you caring for children at this time?</u>	YES	NO
3b. <u>Do you provide care for school age children only?</u>	YES	NO
if YES, then you don't need to provide vaccination records – just mail in this sheet (Section 1)		
if NO, then fill out vaccination record information for each child and mail in all sheets (Sections 1 & Report form)		

4. If you're sending in reports for more than one facility, please list all the names and addresses of the programs below:

1. _____
2. _____
3. _____
4. _____

Please return Section 1 & 2 to:

**DHHS - Immunization Program
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-6423
(402) 471-6426 fax
Email: DHHS.Immunization@nebraska.gov**